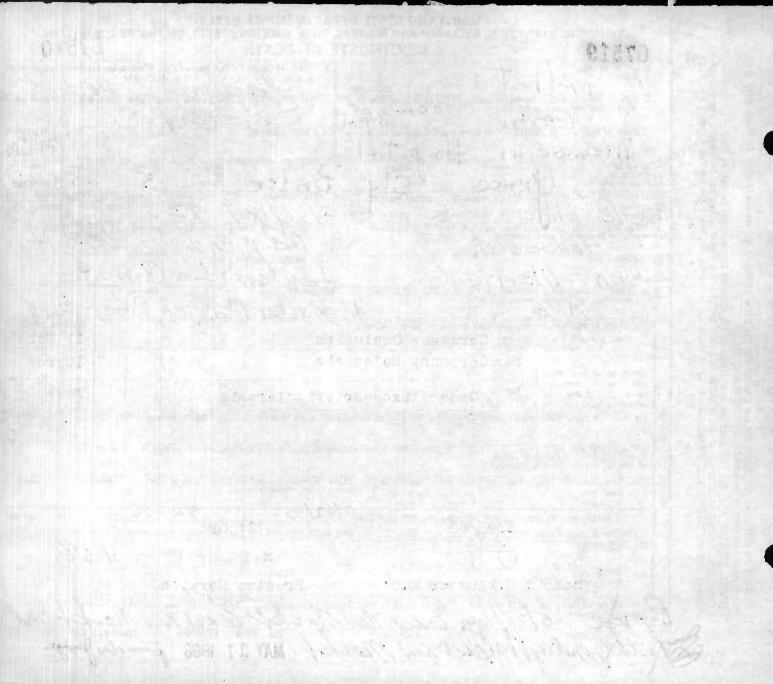
- Carrier Land	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
death.	07519 CERTIFICATE OF DEATH	7510
1	a. COUNTY A DO T MARYLAND 2. STATE A COUNTY D. COUN	on V
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town
8	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES ND
3	NAME OF DECEASED First Middle Last 4. DATE Month OF	Day Year 25 19 66
5	SEX 6. CDLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months I	
1	Da. USUAL DCCUPATION (Give Rind of work done 10b. KIND DF BUSINESS DR X1. BIRTHPLACE (County & State, or foreign country) 12. EI]	UNTRY?
1	3. FATHER'S NAME Denn Merric K Lauise Le Comb	te
0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address / res, no, or unknown) (If yes give war or dates of service)	etari
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a)	INTERVAL BETWEEN
	Conditions, If any, which) DUE TO Coronary Sclerosis	10yrs
	cause (a), stating the underlying cause last. DUE TD Generalized Arterioslerosis (c)	20vr
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
CERTIF	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MFOICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Decorption Post While at work Post Work	nty) (State)
-	21. I certify that (I) (this hospital) attended the deceased from 4/21/55, 19 to 5/25/66, 19 saw the deceased alive on 19, and that death occurred at 3 %, from the causes and on the	_, that (I) (we) las
	226. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DA 5/26	TE SIGNED
/	Prestpn Mary; and Prestpn Mary; and	
70	BURIAL, CREMATION, 23b. DATE THEREOF 23d NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, toky or country) 5/28/68 Cast New Market Cast New Mar	ket mil
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MARYLAND STATE DEPARTMENT OF HEALTH

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ained ained OR: A nould the		21. I certify the	hat (I) (this hospital) atten	ided the deceased from	t death occurred at 10	M, from the causes and p	that (I) (we) last in the date stated above
OR ATTE be retai linector se 3 sho ed with t		22a. SIGNATURE	1 0/1	and that		22b.	DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death; PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Talbot D COUNTY Anne MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) emove carbon papers. Pag any event, within 72 hours ENTREVILLE Easton = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? IN THE PINES. IDWELL YES NO X completely 3. NAME OF First Middle Month Year DECEASED Brown ay Sarah (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. TEMALE WIDOWED DIVORCED please re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY? ROLINE 40USEWIFE 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova ORG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. the attend 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) burial-transit pern burial, cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2000 DUE TO Cenditions, If any, which (b) gave rise to immediate 라라 DUE TO cause (a), stating as th underlying cause last. After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? NO D YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 10 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: director, page 3 shoul 1966, and that death occurred a saw the deceased alive on Though M. from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SIGNED page STAFF Page 4 may b DIRECTOR M.D. PHYS. director, p 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23do LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) TERFIELD FUNERAL DIRECTOR 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE 196 VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY after after Talbox the MARYLAND b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporete limits, write RURAL and give nearest town) p write RURAL and give nearest town) hours HEARA 20 ondova I nunal filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? YES X NO etely executed within pou NAME OF First Middie Last 4. DATE Month Day DECEASED DF Callahan event, 66 (Type or print) DEATH 19 6. CDLOR OR RACE AGE (in years | IF UNDER 1 YEAR | Months | Days DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Hours WIDOWED T DIVORCED 5 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN DF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY and Talbox Maruland arpenter certificate FATHER'S NAME removal attending permit. Then Louise Greaves lames A. a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SDCIAL SECURITY ND. Address 5 death (Yes, no. or unkown) (If yes give war or dates of service) ordova. Md. cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN DNSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Cenditions, if any, which (b) gave rise to immediate 2 DUE TD cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate YES NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for te Dept. of I this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Not While While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 66. to 19 66, that (I) (we) last DIRECTOR: age 3 should lied with the saw the deceased alive on and that death occurred at .M. from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED pe page ATTENDING PHYS. MED. M.D. DIRECTOR TO HOSPITAL TO FUNERAL PHYSICHAN'S 22d. ADDRESS director, p NAME (Type) should BURIAL, CREMATION. DATE THEREOF 23c. CEMETERY OR CREMATORY (State) LOCATION (City, town or county) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25h. RECISTRAR'S SIGNATURE 8 MANWAM & VR A15 20M

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1 AA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
E CE	07524 CERTIFICATE OF DEATH 07515	
the funeral ges 1 and 2 after death.	LACE OF DEATH COUNTY AMARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before add a Maryland b. COUNTY usen Anne	m(ssion)
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y filled in by 1 papers. Page hin 72 hours a	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A F. YES YES	IDENCE ARM? NO
event, within		66
any	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Never Married 18. Date of Birth Never Married 19. AGE (In years If Under 1 Year I	Min.
=	SUBLIC OCCUPATION (Give kind of work done in retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? Greenfield, New Jersey	
removal,	Walter Sharp 14. Mother's Maiden Name Walter Sharp Mary Goldie Mortimer	
	(AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (If yes give war or dates of service) H. F. Addison (allahan—Church Hill. Md.	
the burial-transit permit. or to burial, cremation, or	8. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which ave rise to immediate (P) INTERVAL BET ONSET AND D Fig. (P) Conditions, If any, which ave rise to immediate	DEATH
	ause (a), stating the DUE TO Ruffur & Gall bladder ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU	TOPSY
2	PERFORM	NO _
0	R CONTRIBUTING ☐ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	A-A->
	Hour a.m. While Not While p.m. 19 at work at work factory, street, office bldg., etc.)	tate)
	21. I certify that (I) (this hospital) attended the deceased from 5 May, 1946, to 17 May, 1946, that (I) (we saw the deceased alive on 17 May 1946, and that death occurred at 22 M, from the causes and on the date stated	
filed with the	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 18 May le	6
should be	NAME (TYPET HURSTON HARRISON Castau, Many land	
SING	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Standard Church Hill, Maryland FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ate)
By	dgar L. Lane Church Hill, Md. MAY 24 1966 Jolianles Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	ΜΔΡΥΙ ΔΝΠ
07526 CERTIFICATE OF DEATH	02517 /
1. PLACE OF DEATH a. COUNTY A / b o t MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE ARY(AND) D. COUNTY	BED ANNES
b. CITY OR TOWN (if outside corporate limits, write RURA write RURAL and give nearest town) 8 days C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURA RURAL QUEENSTOWN)	17-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS MemoRia / Hospital	e. IS RESIDENCE ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print) Rita Weller Cherrington DEATH MAY	Day Year 7 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BARTH 9. AGE (In years IFUNDE Months	R 1 YEAR IFUNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY WASHINGTON D.C. 11. BIRTHPLACE (County & State, or foreign country) 12. (County & State, or foreign country) 13. FATHER'S NAME	COUNTRY?
JOSEPH I. WELLER Charlotte McCarthy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes give war or dates of service) 216-34-0812 Edwin N. Cherrington QUEENS-	fown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LILLURAL TERMS OF SELECTION IMMEDIATE CAUSE (a)	ONSET AND DEATH
Conditions, If any, which gave rise to immediate (b) Course (a) stating the DUE TO DUE TO Letting legica	
underlying cause last. (c)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 11 (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO X
20c. TIME OF INJURY Month, Day, Year Ann. P.m. 19 20d. INJURY OCCURRED at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	unty) (State)
21. I certify that (i) (this hospital) attended the deceased from 2944, 1946 to 744, 1946 saw the deceased alive on MAY 7 1966, and that death occurred at 74 M, from the causes and on	the date stated above.
22a. SIGNATURE	- Jonanes
22a. SIGNATURE ALLES THE PHYS. ATTENDING MED. STAFF STAFF 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADD	May LL
22a. SIGNATURE Alles the Parisar M.D. ATTENDING MED. STAFF PHYS. 9. 22c. PHYSICIAN'S NAME (Type) HURSTON HARRISON 22d. ADDRESS Cas the Many Range Can	
22a. SIGNATURE ALLES THE PHYS. ATTENDING MED. STAFF 22b. 22c. PHYSICIAN'S NAME (Type) HURSTON HARRISON 22d. ADDRESS Cas the heavy law	ounty) (State)

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	Maryland Md. Talbot
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hou ed in ers. '2 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
n 24 y fille pape thin 72	Memorial Hospital YES NO
death certificate be executed within the attending physician and completely permit. Then please temove carbon plon, or removal, and a property with	3. NAME DF DECEASED (Type or print) Tennie Middle Last 4. DATE Month Day Year DEATH MAY 1) 1966
comple comple event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
and con	F W WIDOWED DIVORCED 4/11/1892 74 yrs.
sician ease	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Caroline USA
ficate physical poval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ath certificate be a attending physician rmit. Then pleasen, or removal, atten	William Rickardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
the atten it permit.	(Yes, no, or unkown) (If yes give war or dates of service) 218-34-9952 William Carlton Daffin. Tunis Mill
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	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 at work at w
After of be State	p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 1900, to 1900, to 1900, to 1900, that (I) (we) las
OR ATTENDING be retained by INECTOR: After te 3 should be te with the State	saw the deceased alive on May 11 1966, and that death occurred at 26M, from the causes and on the date stated above
OR A De re pe re 3 ge 3 ge 4 wi	226: SIGNATURE AM.D. ATTENDING MED. STAFF 22b. DATE SIGNED 22b. DATE SIGNED 22b. DATE SIGNED 25b. DATE SIGNED 25c. D
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Maryland Caroline MARYLAND b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 2 days bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Maple Avenue YES Nose etely pou 3. NAME OF First Middle Last DATE Month **OECEASEO** car (Type or print) alues DEATH 19 executed 5. SFX DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIEO NEVER MARRIEO 8. Nov. 19, 1907 and any Male White MIOOWED OIVORCED -10a. USUAL OCCUPATION (Give kind of work done) physician 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be ease during most of working life, even if retired) INDUSTRY COUNTRY? Truck Owner - Long Distance Truck Hauling Salisbury, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James C. Davis Betty S. Hastings 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Carrie M. Davis, Federalsburg, Md, RFD 215-12-6312 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) gned burial-burial DUE TO Cenditions, If any, which (b) gave rise to Immediate the r to DUE TO cause (a), stating the underlying cause last. SB PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? certificate NO K YES 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work retained 19 65 to_ mas 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 94% M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. OATE SIGNEO be page OIRECTOR O HOSPITAL PHYSICIAN'S 22d. AODRESS director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION.I 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial Near Federalsburg, Maryland Cokesbury Cemetery May FUNERAL DIRECTOR AODR ESS 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE pareland VR AIS 20M 1/65

roda formos I Male _ White _ _ _ May, 19, 1907 _ 58 Truck Comer - Losty Distance Truck Hawling - Salitabury, Moryland James C. Davis Bocky 5. Hearthus 215-12-6312 Mrs. Jurie H. Davis, Tederalsburg, Mr. nrb Murisl May 11,1965 Colembury Compery Sear Federalsburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral PLACE OF DEATH and 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Caroline a. STATE Maryland MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Greensboro EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? None NO PC executed within letely event, withi carbon 3 NAME OF Middle First Last 4. DATE Month DECEASED (Type or print) owner DEATH -19SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months I Hours 12-28-1898 White WIDOWED DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired)
Retired Farmer COUNTRY INDUSTRY Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Tribbitt Ernest Downes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the atten 0 (Yes, no or unkown) (If yes give war or dates of service) Malone Downes Newark, signed by the att purial-transit perm burial, cremation, o CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) burial-ti burial, DUE TO Conditions, If any, which gave rise to Immediate the to **DUE TO** cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate he hed for use t. of Health p PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of item 18.) tached flept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work be retained 0 21. I certify that (I) (this hospital) attended the deceased from 19 , that (I) (we) last DIRECTOR: / age 3 should liled with the and that death occurred at 12 saw the deceased alive on M. from the causes and on the date stated above. 22h. DATE SIGNED 22a. SIGNATURE page MED. STAFF PHYS. ATTENDING M.D. PHYS. Page 4 may O HOSPITAL Laston, PHYSICIAN'S director, p should be 1 Robert W. M. D. Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial Mt. Olive Sandtown Delaware ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) 20M 1/65

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TEACHER Stock School Certage And Mile Mile Mile Mile Mile Miles PANEL O Captelly . I the E. Coverny Du Sur 38 - 22 8 - 22 8 Toughas Mitter Failburg & Licenster J. III WALLEY JIM SON WAS CHARLES DESCRIPTION FOR THE BURNEY TD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07532		CERTIFIC	AIL	UF DEATH			117:	23	
1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Whe	re deceased li		Ion: Residence	belore ad	mission)
	Talbot		MADVIAN		a. STATE Maryland		Talbo	+		
-	b. CITY OR TOWN (if outside	corporate limits.	MARYLAN		c. CITY OR TOWN (If outside	corporate			ve neares	t town)
	write RURAL and give near	rest town)	0		CLIFTON, EI				Do	,
_	d. NAME OF HOSPITAL OR INS	TITITION /if not in h	onital the street add	- 11	d. STREET ADDRESS	731010	. THE		. IS RES	DENCE
	d. NAME OF HOSPITAL OR INS	i ili Joli II) Morroll	ospital, give street addi	622)	d. STREET ADDRESS		-		ON A F	
_	House In Th	ne Pines	Easton		Route #3	Box	95	1	res 🗌	NO X
3.	NAME OF DECEASED (Type or print)	First	Middle	Kh	D	ATE F EATH	Month May	Day	Yea 19	
5.	The state of the s	R RACE 7. MARRIED	NEVER MARRIED	7 8.		[9. AGE (In years IFU	NDER 1 YEAR		
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du	ring most of working life, even	If retired)	NDUSTRY		-			COUNTRY	7	
-	HOUSE WIR	E OW	YHOME		LILGHMAN, TALL		12.	U.S.	H.	
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAM	AE .				
	JOHN T. MAY				ELIZABETH	HI	ARRIS	01		
	5. WAS DECEASED EVER IN U.S. AI 'es, no, or unkown) (If yes give war		SOCIAL SECURITY NO.	17. II	NFDRMANT	50/15	Address	1 00 0 01	ANTO	
, ·	× ×		6-46-0286	P.1	LINWOOD HAR	PRISON	V TILG	HWAN,	INI Y	
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	PART I. DEATH WAS CAU	ISED BY: 10	mie con	~	Tue, brant 1	. 0		ONS	ET AND D	EATH
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	Conditions, If any, which \	DUE TO	to 0	1-	- Postile.			m	un a	
	gave rise to immediate	(b) CC 7	ara secre		e new or - 2			1		
	cause (a), stating the	DUE TO	3						, ,	
Z	PART II. OTHER SIGNIFICANT C	(C)	ITING TO DEATH BUT NOT	DELATI	TO THE TERMINAL DISEASE	CONDITION	CIVEN IN DAD	T1(a) 19.	WAS AU	TOPSY
ICATIC	PARTITIONER SIGNIFICANT	ONDITIONS CONTRIBE	TING TO DEATH BUTNOT	KELAII	ED TO THE TERMINAL DISEASE	CONDITION	GIVENINFAK	YE	PERFOR	
CERTIFICATION	20a. ACCIDENT WAS UNDERL' OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING 20b. I OF DEATH EXAMINER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of Injury	In Part I or	Part II of Ite	em 18.)		
AL	20c. TIME OF INJURY Mont		NJURY OCCURRED 20e	PLACE	OF INJURY (Home, farm, 2	Df. (City or	r town)	(County)	(S	tate)
MEDICAL	Hour a.m.	While	Not While	factory	, street, office bldg., etc.)					
Σ	p.m.	19 at work		-	5 1=	7		16		
	21. I certify that (I) (th		ed the deceased from	n xae	1965			19 26, th		
	saw the deceased alive	on 7 Mer	19 6 7, and	that o	death occurred at 10:36 N	A, from the				above.
	22a. SIGNATURE	John P (Bank	M.D.	ATTENDING MED.		AFF YS.	DATE SI	4 66	
	22c. PHYSICIAN'S NAME (Type)	PHEN P. (ARNEY . M.	P.	22d. ADDRESS E ASTO	10 - M	V.		1	
23	a. BURIAL CREMATION, 23b.	1.1011	23c. NAME OF CEME	ETERY C	DR CREMATORY 23d	. LOCATION	N (City, town	or county)	(St	ate)
_	A FUND OF THE PROTOCOL	AY7,66	1 polle	val	LOSO PECID DY	DECISTOAD	25b. REGIS	TRAR'S SIGN	ATURE	9
2	4. FUNERAL DIRECTOR	ex.	ADDRESS	, ,	25a. REC'D BY	966	Clark		ee.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,

1		07533 CERTIFIC	ALE OF DEATH	47610		
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before					
		a. COUNTY	a. STATE A. b. CO	UNTY O 1.		
		/ /F/ OC/ MARYLAN	ND Mariland	Baltimore"		
		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	1 1b c. CITY OR TOWN (If Sutside corporate limits,	write RURAL and give nearest town)		
		EAS to A) 26 12 he	Baltimore	2- 11		
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	ress) d. STREET ADDRESS	l e. IS RESIDENCE		
		di institution (il ilot ili ilospital, give street addi	1 1	ON A FARM?		
8		MemoRIA HOSPITA	500 W. University Ph	WY. YES NO X		
	3.	NAME OF First // Middle	Last 14. DATE Mo	nth Day Year		
		DECEASED (Yana)	OF =	+ 0 11		
	-	OFF CONTROL OF CONTROL	MARIE DEATH O	7 1966		
	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last hirthday	rs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
	n	nale white WIDOWED DIVORCED	2/20/1908 58 vrs.	Mondis Days Hours Min.		
	10a	B. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign coun	itry) 12, CITIZEN OF WHAT		
8	dur	ing most of working life, even if retired) INDUSTRY	III - I CI - I - Miller	GOUNTRY?		
		exec. Maryland Specialty Wins (0.	West Chester N.Y.	USA		
	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
		Joseph Hartle	Alice Green			
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 1		ress		
	(Ye	es, no, or unkown) (If yes give war or dates of service)		1 14		
		yes 144 17 763-03-1723 1	Mrs. Charles J. Hartle, Bo	utimore, ild.		
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY:	Days Landa Trans	ONSET AND DEATH		
		IMMEDIATE CAUSE (a) Checke m	you ded injection			
		4 20 DUE TO	0	The second secon		
		Conditions, If any, which (b)				
		gave rise to immediate cause (a), stating the DUE TD				
		underlying cause last. (c)				
	NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 119. WAS AUTOPSY		
	F	THE THE COURT OF T	MENTED TO THE LEGISLINE DISEASE SOLIDITION SHEET	PERFDRMED?		
0	10			YES NO K		
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DR CONTRIBUTING CAUSE OF DEATH	OCCURRED. (Enter nature of Injury In Part I or Part I	of Item 18.)		
	CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	甘	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)		
	MEDICAL	Hour a.m. While Not While	factory, street, office bldg., etc.)	(Gounty) (Grato)		
d	ME	p.m. 19 at work at work				
		21. I certify that (I) (this hospital) attended the deceased from	n 8 may 1966 to 9 me	7 . 19 6 c, that (I) (we) last		
		saw the deceased alive on 9 may 1964 and		es and on the date stated above.		
		22a. SIGNATURE	I that death occurred atz Zem, from the cause	1 22b. DATE SIGNED		
		110 DO -	ATTENDING MED. STAFF	5 2-		
н		Suphi Carrier	M.D. PHYS. DIRECTOR PHYS.	1 7 may 66		
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS			
		Stephen P. Carney	Caston Md			
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	ETERY OR CREMATORY 23d. LOCATION (City,	town or county) (State)		
		Burial Specify) 5/12/1966 Arlington				
	1					
	34	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b,	REGISTRAR'S SIGNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Pages 1 Irs after Talbot MARYLAND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b þ oon papers. Pag within 72 hours yrs.7 = Easton. mo. aston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS 24 in the Pines. Route executed within completely carbon NAME OF First Middle Last DATE Month DECEASED (Type or print) DEATH Hughlet.t. Henry 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 9. гетоме 7. MARRIED NEVER MARRIED physician and c in please removival, and in any e White Male WIDOWED 1 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY etired. Talbot awver Banker Marv Land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Elizabeth John Campbell Maria enr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. transit permit. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 3-01-820 Hughlett 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ial-transit signed by PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that ti be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO buri Conditions, if any, which gave rise to immediate the st DUE TD cause (a), stating the as th underlying cause last. (c) certificate has for use Health 20a. ACCIDENT WAS UNDERLYING stached f Dept. of DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) det After the de de State I factory, street, office bldg., etc.) Hour a.m. Not While at work at work P 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at.

INTERVAL BETWEEN ONSET AND DEATH PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. PERFORMED? NO X YES [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (State) (County) 1966, that (1) (we) last DIRECTOR: 3 shoul M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. 16 May 66 Musita Page 4 may b M.D. DIRECTOR PHYS. PHYSICIAN'S TO FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) MARRISON DRSTON BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF 23d. REMDVAL (Soecify) -16 Maryland Easton REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 1966

e. IS RESIDENCE ON A FARM?

Year

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YES

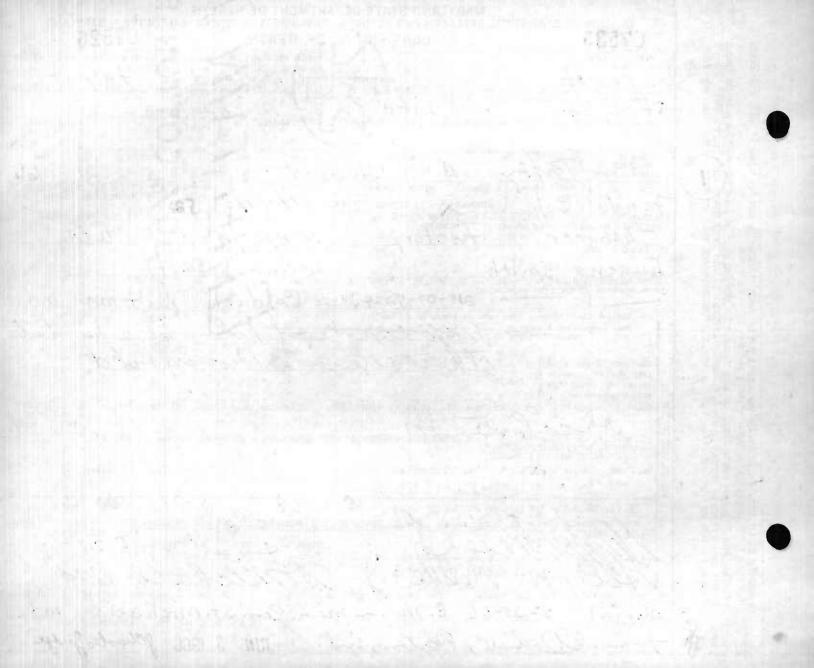
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		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	- = O - n.	07535 CERTIFICATE OF DEATH
	the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a. CDUNTY b. CDUNTY
	Pa Pa	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) S. H. MICHAELS C. LENGTH OF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) S. H. MICHAELS A DICHAELS
	24 h filled paper in 72	d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? YES \(\sum \) ND
	and completely fremove carbon pn any event, within	3. NAME DF DECEASED (Type or print) Betty A Hynson Death S 21 1966
	xec and and	5. SEX TEMALE 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 18. DATE DF BIRTH Last birthday) Nonths Days Hours Min. 7. MARRIED DIVDRCED DID DIVDRCED DIVDRCED DIVDRCED DIVDRCED DIVDRCED DIVDRCED DIVDRCED
	C .=	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. ADOYER 10. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. COUNTRY?
	certificate be nding physicia Then please removal, and	Lugene Smith Levina Smith
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 28-07-7224 Jesse Caldwell Wiltman, md.
	o ± + €	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	fres that physici signed burial-t burial,	Conditions, If any, which gave rise to immediate (balkeroselece lie coronary or of a
	w required tending as beer as the orior to	cause (a), stating the underlying cause last.
	The law all or atter ficate has or use as Health pri	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospital this certifi detached fo de Dept. of H	
	ING PH) by the by the litter this be deti	ZDc. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) 2Df. (City or town) 2Df. (City
	retained by retained by CTOR: After Should be with the State	21. I certify that (I) (this hospital) attended the deceased from 196, and that death occurred of M, from the causes and on the date stated above. 22a SKNATURE 22b. DATE SIGNED
	AL OR I	22a SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 27 46 22d ADDRESS 22d ADDRESS
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transis should be filed with the State Dept. of Health prior to burial, cremshould be filed with the State Dept.	Lake Type m baken & Amichaels and
	5 5 5 p. 2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DESCENE YEAR OR CREMATORY 23d. LDCATION (City, town or county) (State) TREMOVIA (Specify) 5-25-66 C. Thomas mem, Cem St. Michael S. Mcd. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
20	VR A15 (4) Who 2DM 1/65	James Woohill, Poston, mol. DAISUN 3 1968 PCharles Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
07536 CERTIFICATE OF DEATH 07527	
a. STATE Maryland b. COUNTY Carolina	n)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Foderal Shurg - Rural	n)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT ON A FARM	CE
OF DECEASED (Type or print) Carl Carl Carl Tilghman Johnson DEATH 5- 6-1966	
Male White Whore Sept 17 1891 last birthday) Months Days Hours Mir	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
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(Yes, no, or unkown) (If yes give war or dates of service)	םי
18. CAUSE OF DEATH [Enter only one cause por line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH	N
Conditions, if any, which) DUE TO Advanced 25 tex 10 9x 1ex 05/15	
gave rise to immediate cause (a), stating the DUE TO	
	Y
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	7
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lambda of the process of the p	
21. I certify that (I) this no social attended the deceased from, 19, to, 19, that (I) (we) la	
22a. SIGNATURE OLIVE ATTENDING MED. STAFF 22b. DATE SIGNED	16.
22c. PHYSICIAN'S NAME (Type) E (H. Stringth 22d. (Diges)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	
Frangotom Junered Home Healerstolog DATE MAY I U 1966 Julianles Juage	-
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH a. COUNTY MARYLAND D. FLACE OF PEATH a. COUNTY D. CHOCK OF WAR of a patistic corporate limits, c. LENGTH OF STAY IN 1D D. CHOCK OWN of a patistic corporate limits, c. LENGTH OF STAY IN 1D D. CHOCK OWN of a patistic corporate limits, c. LENGTH OF STAY IN 1D D. CHOCK OWN of a patistic corporate limits, c. LENGTH OF STAY IN 1D D. CHOCK OWN of a patistic corporate limits, which relieves the patistic corpora

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Regived Farmer and Compenser Carolina Co., Daryland 1984

James Gillard Johnson Ide Scott

No. 210-17-2411 Nrs. Cols A. Johnson, Federalsburg, 144., 174

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# 1	X	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		07537 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07528
HEALTH DEPT		1. PLACE DF DEATH a. CDUNTY a. STATE b. COUNTY b. COUNTY
## ### ###		MARYLAND MARYLAND
essary, to the funeral e 5 may be Department		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Depa Stre		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay in a 3 to Page State hours	18	Memorial YES NO DE
any delay h. 2, and 3 to t PM3. Page .		3. NAME DF BECEASED (Type or print) FOR OCC F TO SOO BEATH MONTH Day Year DEATH MONTH DEATH DEATH MONTH DEATH DEAT
If an II, 2, ith thin I		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN YEAR FUNDER 1 YEAR FUNDER 24 HRS.
ages for for	1	DIVORCED DIVORCED VCX X 1894 Vyrs.
with Pe)	10a. USUAL OCCUPATION (Give kild of work done) 10b. KIND DF BUSINESS OR during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTY!
ours after n 18. G e along pages 1 in any		13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME
hours em 1 ce a ce a		Samuel P. Johnson Sarah Turpen
24 ho in Item Office File		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service)
l within pencil li miner's permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
ted win point in point in point poin		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORS ESTING HER TO FOUR AND DEATH ONSET AND DEATH
ild be executed "pending" in f Medical Exa i burial-transit cremation, or	85	45 00 DUE TO 0 1
be e pend Media urial emat		gave rise to immediate
nould ord hief hief ab a	45	underlying cause last. (c) Far actual red Artroserie years
ficate sho the work the Chi to burial,		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
tifica to the to the to the to the to	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES ND 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
s cer rded rded uld b		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form lles. Nr. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any pent tithin signated.		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m. While at work 19 at work 19 at work 19
tifica tifica be 1	и	
the certificate should be in files.		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and In my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
the the der		CHIEF MEDICAL EXAMINER
execute the Page 4 if for your tal DIRECT		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMI
DEPUTY ME lease exect rector. Pa stained for FUNERAL D	1	EXAMINER'S RAME (Type) C. R Layton Address (Street, city, town, or county) Centreville my
B = = = = = =		233. PURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
0 40 50	0	24. YUNERAL DIRECTOR / ADDRESS / 25a. REC'D BY KEGISTRAR'S SIGNATURE
VR A15ME (5) 5 5M 1/65	M	James B.W. Oshell Easlox My MAY 24 1966 goliantes Judge
	10	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, glye street address) filled d. STREET ADDRESS etely death certificate be executed within carbon 3. NAME OF First Middle Last 4. DATE Month DECEASED DF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | MIOOWED OIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? OWNER + GRAVEL 0 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT the attenit Address 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) signed burial-t burial, **OUE TO** Cenditions, If any, which peen gave rise to immediate the OUE TO cause (a), stating the prior underlying cause last. 35 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate retained by the hospital or OR ATTENDING PHYSICIAN: be retained by the harmital 2Da. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached for MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. at work at work O 21. I certify that (I) (this hospital) attended the deceased from 10 mark 1966. that (1) (we) last DIRECTOR: Jage 3 should lied with the saw the deceased alive on. 1966 and that death occurred at 10 M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO page ATTENDING STAFF 10 PHYS. OIRECTOR O HOSPITAL FUNERAL PHYSICIAN'S AODRES director, p should be f Stephen Easton, Maryland 10 May 23a. BURIAL, CREMATION.I 23c. NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF 23d. LOCATION (City, town or county)

AOORESS

e. IS RESIDENCE ON A FARM?

19

Hours

INTERVAL BETWEEN ONSET AND OEATH

WAS AUTOPSY

PERFORMED?

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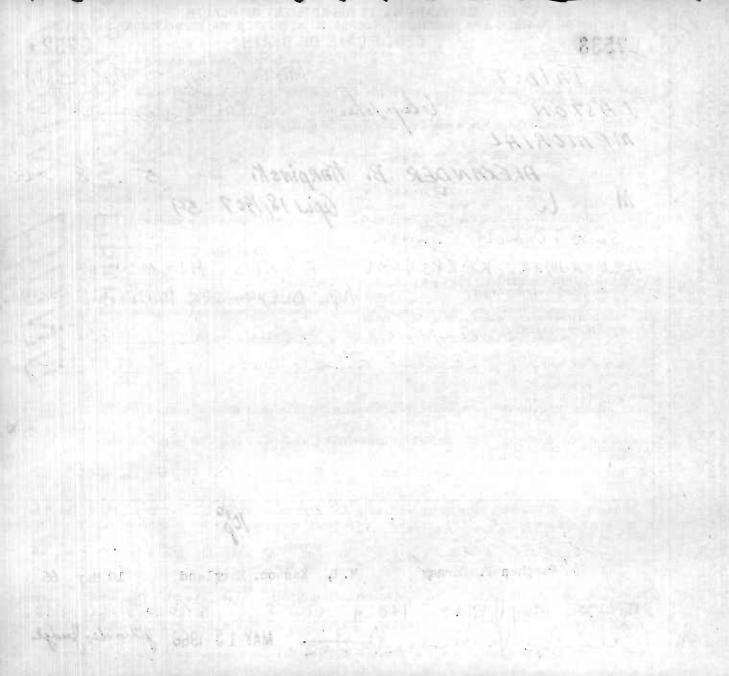
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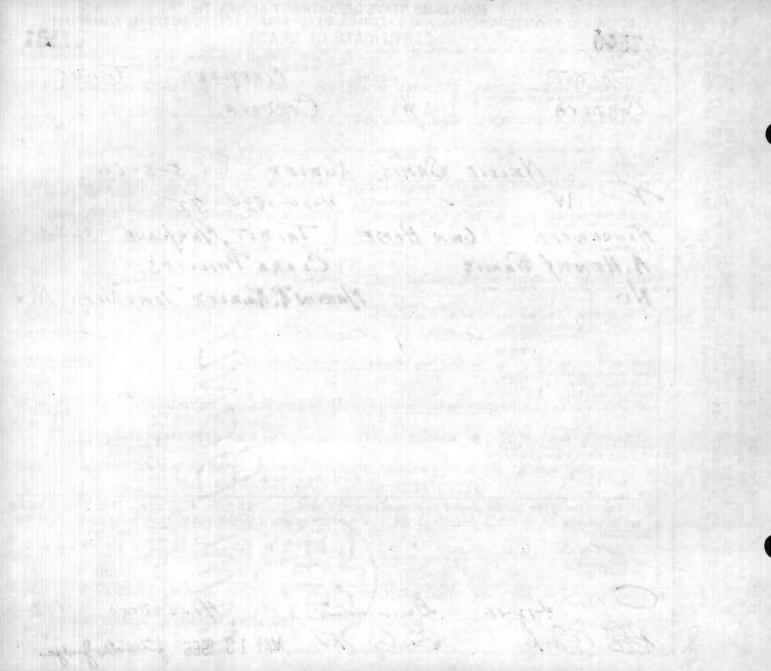
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MARYLAND STATE DEPARTMENT OF HEALTH

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1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1. MARYLAND
- N	07540 CERTIFICATE OF DEATH	07531
unera and death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If instit	ution: Residence before admission
	a. COUNTY ALBOT MARYLAND a. STATE ARYLAND b. COUNTY	TALBOT
sician and completely filled in by the ease remove carbon papers. Pages 1 and in any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write	
Pag	write RURAL and give nearest town) CORDOVA 3 XS CORDOVA	201
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
1		ON A FARM?
1	3. NAME OF First Middle Last 4. DATE Month	Day Year
١	OF CTYPE OF PRINTS NELLIE DAMIS NOBLER DEATH 5-8-	
1		FUNDER 1 YEAR FUNOER 24 HRS
١	WIDOWED DIVORCED 4-24-1894 77 yrs.	
l	10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	12. CITIZEN OF WHAT COUNTRY?
ı	HOUSENIFE OWN HOME JALBOT MARYLAND	O C/- Je A
Y	13. FATHER'S NAME	
1	A. HENRY DAMIS CLARA PHILLIPS	
l	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, of unkown) (If yes give war or dates of service)	D ALA
	NO MARVIN J. NUBLER LOMS	S NIVER NY
١	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oronary thrombous	Immeles
١	4201 DUE TO	
١	Conditions, If any, which (b) Orlensselesolte Keart desease	many year
l	gave rise to immediate cause (a), stating the OUE TD	
١	underlying cause last. (c)	ART1(a) 19. WAS AUTOPSY
Ì	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CA	PERFORMEO?
Ì	D L L L L L L L L L L L L L L L L L L L	YES ND
١	2Da. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	item 16.)
١		(County) (State)
ı	2Dc. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) 20f. (City or tow	(County) (State)
Į		10/10/10/10/10/10
1	21. I certify that (I) (this hospital) attended the deceased from 24 July , 1964, to 8 may	, 19 4 5, that (I) (we) las
	saw the deceased alive on 22 march 1966, and that death occurred at 5 AM, from the causes a	nd on the date stated above 22b. Date Signeo
	ATTENDING - MED STAFF	10 may 66
		1
	22c. PHYSIC(AN'S NAME (Type) 22d. AOORESS	
	23a BURIAL/CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	n or county) (State)
	REMOVAL (Specify) 4-12-66 Treenmount HILLS De	Ro MD
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ı	1101 10 1960	mage



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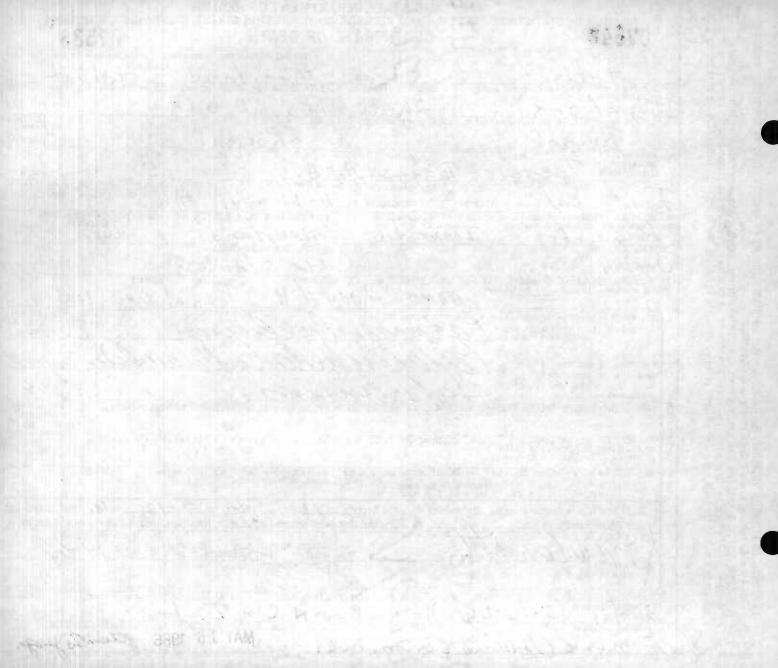
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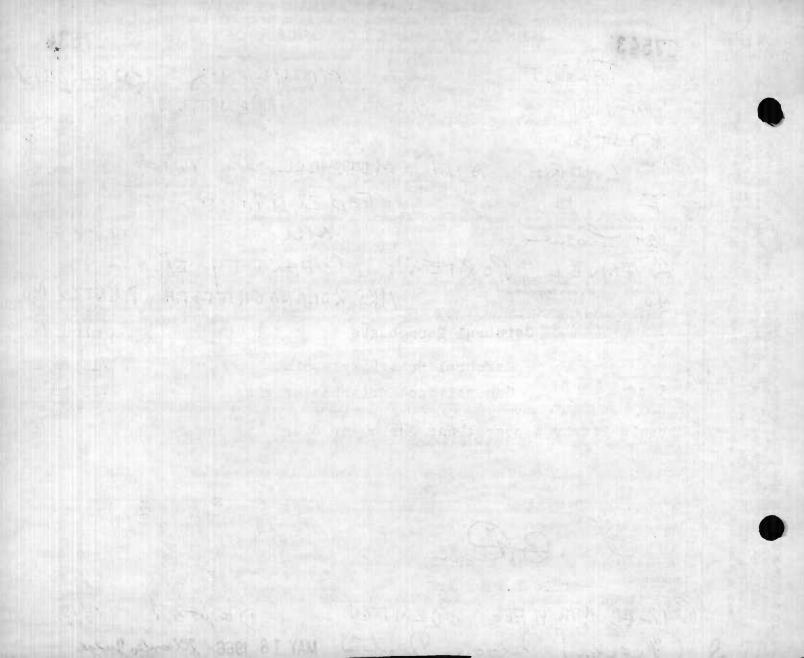
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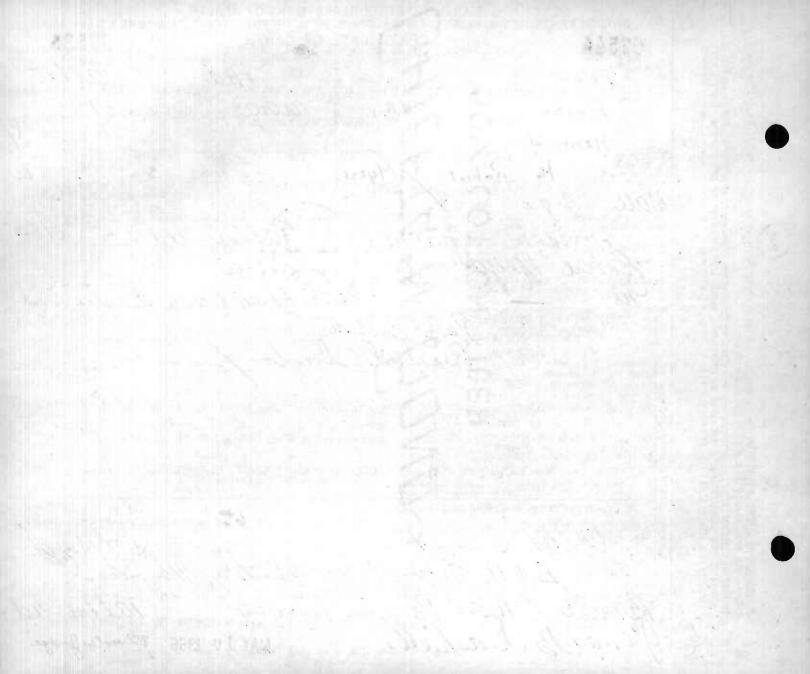
1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# N	07542 CERTIFICATE OF DEATH 07533
hours after death. d in by the funeral rs. Pages 1 and 2 2 hours after death	1. PLACE OF OEATH a. COUNTY talbot MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY talbot MARYLANO
oted within 24 hours after completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hou hou ed in ers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
in 24 fille pape thin 7	RURA YES NO X
with plete arbor nt, wi	3. NAME OF DECEASED (Type or print) Bessle Deggs MEAVOY DEATH 5 12 1966
uted com ove c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BUTH 9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS.
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certificat ding phi Then removal,	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 14. MOTHER'S MAIOEN NAME 14. MOTHER'S MAIOEN NAME
death certi he attending permit. Th	15. WAS OECEASED EVER IN O.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service)
death ne ath perm tion, (MONE JOAHIII KOYAL OAK, MO.
i. the in. by the ansit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) AMMILIAN PELLUALITY IMMEDIATE CAUSE (a)
s that ysicia igned rial-tr	4201 OUE TO Professional Profit Charles Min 2
quire ng ph een s een s te bu	Conditions, If any, which gave rise to immediate cause (a), stating the OUE TO
aw re tendi tas b as th prior	underlying cause last. (c) Achiral Mark Mark Mark Mark Mark Mark Mark Mark
The Lor at or at the lor at the l	PERFORMED? YES NO
SICIAN: The law requires that the death thospital or attending physician. Is certificate has been signed by the attenthe for use as the burial-transit permit. It of Health prior to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely ge 3 should be detached for use as the burial-transit permit. Then please embone carbon led with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (County) (County) (County) 20g. (City or town) (County) (County) (County) (County) (County) 20g. (City or town) (County) (C
rendi ained DR: A nould	21.1 certify that (I) (this hospital) attended the deceased from 5 - 12 , 1966, to 5 - 12 , 1966, that (I) (we) last saw the deceased alive on 19 , and that death occurred at 200 M, from the causes and on the date stated above.
R ATT e retr RECTO 3 sh	JEA. SYCHATURE 22b. OATE SIGNEO
TO HOSPITAL OR ATTENDIN Page 4 may be retained to FUNERAL DIRECTOR: Af director, page 3 should be filed with the Should be should be filed with the Should be sho	2pc. PHYSICIAN'S NAME (Type) M.O. ATTENDING DIRECTOR DIR
Page Page TO FU	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1 1	FURTAL GIBERTY 5-16-66 MA. AUBURN CCM 32 Fo. M. C. ADDRESS 250. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	James Workel , Earton, md. OATE MAY 16 1966 plantes Juages



Thours after death.		Division of STATISTICAL RESEARCH AND RECORD MEDICAL EXAMINER PLACE OF DEATH COUNTY COUNTY COUNTY COUNTY COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institute or country country or town (If outside corporate limits, write KURA	07534
ours after		PLACE OF DEATH COUNTY ALBOT MARYLAND C. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, If institute o. State of the country (-	ion: Residence before admissi
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ours after		PASTON DB		L end give neerest town)
ours affer		12,003,01	JEN-19N	03 3
hours aft		J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDEN ON A FAR YES NO
hour	3.	NAME OF First Middle	Lest 4. DATE Month	Doy Year
2.1		Type or print) LAURA ANN 1111111	LICHELL DEATH 1018	T S 1960
7	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH P. AGE (In yeers IF UN less birthdey) Mont Yrs.	
within		USUAL OCCUPATION (Give kind of work during most of working Die, even if retired)		CITIZEN OF WHAT COUN
ent		at home	MQ.	app
× ev	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME OARTITU KTO A	125
n an		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	- 1 1 1
i pue '	{Ye	(i, no, of unkown) (If yes give wer or detes of service)	RS. ROLAND GROT-FOTH,	DENTON, W
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		ONSET AND DEATH
ı, or remova		PART I. DEATH WAS CAUSED BY: Gerebral Thrombos	31 S	minutes
5		Conditions, if any, which \ (b) Cerebral Arteri	osclerois	715 mg
ation,		geve rise to immediate cause		205
crem		couse lest. Generaliazed al		725 trs
-	NOIL	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		PERFORMED YES NOW
or to burial	CERTIFICATI	Chronic Passiv & cogestions Auric 200. External cause was PRIMARY — or CONTRIBUTING — cause of Death.	Cular Tibr liat on (Enter neture of injury in Pert I or Pert II of item 18.)	1.00
Jent, prior	MEDICAL		A CE OF INJURY (Home, ferm, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State
oge be		21. I certify that I took charge of the remains described above, h		and in my opinio
salth or its designated agent,		death resulted trong Natural causes Accident . Sui	cide, Homicide, Undetermined manne	
desi		ACTUAL STANDARD STANDARD	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
or its		EXAMINER'S Harold B. Plummer	DEPUTY MEDICAL EXAMINER	5/14/6
Health	22	DURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or county)	untry) (Stete)
E	23	EMPERALIBIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRA	R'S SIGNATURE



	1 6	M)	DIVISION OF STATISTICAL RESEA	Y LAND STATE DEF ARCH AND RECORDS			IMORE 1. MAI	RYI AND
	£ 80£		/	07544	CERTIFICATI		m la	67!	535
	rs after death. by the funeral Pages 1 and 2 urs after death.		1.	PLACE OF DEATH a. COUNTY			(Where deceased lived,		ence before admission
	hours after of in by the fusion Pages 1 hours after of the fusion in the			TAlbot	MARYLANO	a. STATE	na	COUNTY /a	erat
	by 1 Page urs a			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	5 days	c. CITY OR TOWN (If ou	itside corporate Hmi	ts, write RURAL and	give nearest town)
	24 hour filled in papers. In 72 hou			d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET AOORESS	c so	4201	e. IS RESIDENCE
	/ fille pape hin 7	78		Metrovial	,				ON A FARM?
	ICIAN: The law requires that the death certificate be executed within 24 hours after death cospital or attending physician. Certificate has been signed by the attending physician and completely filled in by the funeral hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ht. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, it.		3.	NAME OF DECEASED (Type or print)	Middle	Last	OF	Month 5	Oay Year
	comp		5.	SEX 6. CDLOR OR RACE 7. MARRIED	DEVER MARRIED 18	. OATE OF BIRTH		ears IFUNDER 1 YI	19 66 EAR IF UNDER 24 HRS
	and emov		11	all Tegro WIOOWED		lay 10, 1883	0.5	Months Da	ys Hours Min.
1	be e cian ase r		10a duri	usual occupation (Glyskind of work done in most of working life, even if retired)	IND OF BUSINESS OR IDUSTRY ARM	11. BIRTHPLACE (Coun	ity & State, or foreign c	country) 12. CITIZ COUN	ZEN OF WHAT
	hysic ples		13.	FATHER'S NAME	TARM	14. MDTHER'S MAIDEN	AC, MC		0/077
	rtific ing p Then mov			Robert Messer		Laure	α		
	The law requires that the death certificate or attending physician. cate has been signed by the attending physir use as the burial-transit permit. Then ple ealth prior to burial, cremation, or removal, a		15. (Ye	WAS SECEASED EVER IN U.S. ARMED FORCES? 16. (no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITYND. 17.	INFORMANT	101	Address	4 9.1
	deat ne at perm tion,		_	no —	200	son Hagah	funts	Edsle	x. /14
	the h. by ti msit ema			18. CAUSE OF DEATH [Enter only one cause per) PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).1	Ci			NTERVAL BETWEEN ONSET AND OEATH
	that sicial gned al-tra al, cr			4.91X DUE TO	0.0	1) /	/		
	phy phy n sig buri buri	V		Conditions, If any, which gave rise to immediate (b)	igalvill -	knaden	huma	rd_	
	required in the the or to			cause (a), stating the OUE TD					
	law atter has e as h pri		NOL	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DIS	EASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
	The Icate or us or us Healt	2	FICAT						YES NO
	PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed betached for use as the burial-tran e Dept. of Health prior to burial, cre		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. D DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUI	RREO. (Enter nature of In	njury in Part I or Par	t II of Item 18.)	
	St Sed			20c. TIME DF INJURY Month, Day, Year 20d. If	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm y, street, office bldg., etc.	, 20f. (City or tov	wn) (County	(State)
	ING PI I by the After t be de State		MEDICAL	Hour a.m. While p.m. 19 at work	Mot while -	y, street, office blog., etc.	1		
	OR ATTENDIP be retained JIRECTOR: Af ge 3 should a			21. I certify that (I) (this hospital) attended	/	death occurred at	to	, 19	, that (I) (we) last date stated above
	retained ECTOR: A 3 should with the			saw the deceased alive on	, and that	dodin occorrou de			SIGNED .
	AL OR nay be IL DIR page filed			Cellen	M.O.		O. STAFF	X / N	124.00
	O HOSPITAL OR ATTENDING PHY Page 4 may be retained by the O FUNERAL DIRECTOR: After this director, page 3 should be detained be filed with the State D	1		22c. PHYSICIAN'S NAME (Type) E.C.H. S	E /717- 1/	22d. ADDRESS	n, ///a	mler	X.
	Page Page O FUI direction		23a	BUTAL, CREMATION, 23b. DATE THEREOF	239 NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity, town or county	(State)
)	24.	FUNERAL DIRECTOR	AODRESS	25a. REO'C	BY REGISTRAR 25	b. REGISTRAR'S S	GIGNATURE
	VR A15 (4)	de	6	James B. Wass	hells	OATMAY	10 1956	Meliante	Judge
	20M 1/65	21	V					U	0 4



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07545 2. USUAL RESIDENCE Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY a. STATE b. COUNTY 0 PM3. Poge of death. MARYLAND b. CITY OR TOWN (If autside corporate limits, C. LENGTH OF STAY-IN 1b c. CITY OR JOWN (If-outside corporate limits. write RURAL and give nearest town) and write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE (If not in hospital, give street address) tote De hours ON A FARM? Give Poges YES | NO Office olong with 25 3. NAME OF 4. DATE Day Year DECEASED the Vithin (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Haurs Vent WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHA during most of working life, every retired) COUNTRY poges in any = 13. FATHER'S NAM pencil 14. MOTHER'S MAIDEN NAM unkown Unkown puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN certificate should be executed e, writing the word "pending" i forworded to the Chief Medical (Yes, no, acunknown) (If yes give wor or dotes of service) removal, 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) writing the word cremation, DUE TO burned down Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause 0 05 burial, used (19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) This please execute the certificate, NO YES 0 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) ogent, prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, affice bldg., etc.) O FUNERAL DIRECTOR: Poge While Not While of wark designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection V Inquiry and in my opinion death resulted fram: Accident X. Natural couses Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5-12-64 or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

	1	(AA		DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	S, 301 W. PRESTON STRE	ET, BALTIMORE 1,	MARYLAND
	4 7	"YIVI		07546		E OF DEATH		07537
	executed within 24 hours after death,	Pages 1 and 2 urs after death	1.	PLACE OF DEATH a. COUNTY 3 h		2. USUAL RESIDENCE (Where d	eceased lived, If Institution: b. CQBNTY	Residence before admission)
	fter he f	fter fter	4	Talbot	MARYLAND	Md	Lul	EMANNE
	s a	Page Irs a		b. CITY OR TDWN (if outside corporate limits, write RURAL, and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside co	rporate limits, write RURA	L and give nearest town)
54	hour h	rs.	-	SASTON d. NAME OF HOSPITAL OR INSTITUTION (If not in i	nospital, give street address)	d. STREET ADDRESS	ILLE	e. IS RESIDENCE ON A FARM?
	24 hour	in any event, within 72 hours after		Memorial Ho	50.4-			ON A FARM?
	executed within	with	3.	NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Year
	i wi	cart,		(Type or print) Stepher	Edward	Paswater DEAT	1.1004	15 1966
	cute	y ev	5.	AA	NEVER MARKIES .	8. DATE DF BIRTH	ACE (In years ILUNDE last birthday) Months	R 1 YEAR FUNDER 24 HRS
	exe	rem n an	10a	USUAL DCCUPATION (Cive kind of work done) 10b.	DIVORCED DIVORCED KIND DF BUSINESS DR	/VIA /28, 1876	te, or foreign country) 12.	CITIZEN DE WHAT
	be be	please r	dur	USUAL DCCUPATION (Cive kind of work done names of working life, even if retired) USTOJIA/V	INDUSTRY	100-1111	Conld	CITIZEN OF WHAT
	cate		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7 1 00	4.0.
	ertif	The		WY E PASV	VATER	LuLA!	VI. WIL	-Cox
	th c	burial transit permit. Then burial, cremation, or removal	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY ND. 17.	INFORMANT	Address	Demit
	dea	per	-	18. CAUSE OF DEATH [Enter only one cause per	28-12-73/0/\ Ilne for (a), (b), and (c), 1	ARS, MAGE	LVILEAN	I INTERVAL BETWEEN
	the In.	ansit rema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	onchorania	6RASO1	ANITEEMO	DNSET AND DEATH
	that	al-tra		1621 DUE TO	3			
	phy sic	buri		Conditions, If any, which gave rise to immediate (b)				
	require	the or to		cause (a), stating the DUE TO				
	The law requires that the death certificate be or attending physician.	e as	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CD	NDITION CIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
	The	r us lealt	CERTIFICATION					YES NO
	IAN: spita	of F	ERTIF	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In	Part I or Part II of Item 1	.8.)
	YSIC hos	tache Jept.			INJURY DCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f.	(City or town) (C	ounty) (State)
	y the	ate [MEDICAL	Hour a.m. While	Not While facto	ory, street, office bldg., etc.)	(ord) or comp	(0.000)
	DIN ed b	ld b	M	p.m. 19 at wor 21. I certify that (i) (this hospital) attend		, 19, to	. 19_	, that (I) (we) last
	TTEN etain	shou th th		saw the deceased alive on MAY 15		20	rom the causes and on	the date stated above.
	DR A	M A		22a. SIGNATURE		D. ATTENDING MED. DIRECTOR		DATE SIGNED
	TAL	pag e file		22c. PHYSICIAN'S NAME (Type) Robert W Troops	rever M.I	22d. ADDRESS	PHIS.)/ 00
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. INPECTOR, After this continests has been signed by	otor Id b		HODELO M. ILGA	er M.			5/66
	Pag Pag	director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a	REMDVAL (Specify) 5/18/66	23c. NAME OF CEMETER	1	LDCATION (City, town or o	(State)
		0	24	FUNERAL DIRECTOR	CHESTERF	25a. REC'D BY REC		R'S SIGNATURE
		5 (4)	6	dgar L. Lane Cho	rich Hill 77	76. MAY 24 1	966 Juliane	20 Jung
	20M	1/65		0				

ASSESSMENT OF THE PROPERTY OF District M. Person M. P. S. M. M. C. Marriero M. Avenuel. AND 12 1998 1 1998

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DE DEATH after death and 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY _ a. STATE b. COUNTY Marvland Dorchester MARYLAND b. CITY DR TDWN (if outside corporate limits. c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b write RURAL and give nearest town) hours Hurlock = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. Hospital ND Z executed within completely carbon NAME DE Middle DATE Month DECEASED Olevia (Type or print) DEATH nden 5. SEX 6. CDLDR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months and May 10, 1915 Female Negro WIDDWED DIVDRCED [1Da. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR Then please re 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT that the death certificate be during most of working life, even if retired) INDUSTRY CDUNTRY? Dorchester County, Md. U.S.A. Housework Home 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Charles W. Spry Sarah Jolley 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) No Unknown Russell L. Pinder, Hurlock, Md. R.F.D. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit burial, cremat INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Cenditions, If any, which (b) gave rise to Immediate the jor to DUE TD cause (a), stating the underlying cause last. certificate has PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 19. WAS AUTDPSY for use Health PERFORMED? ND 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED | 2De. PLACE DF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work _ at work 21, I certify that (I) (this hospital) attended the deceased from __, that (I) (we) last O FUNERAL DIRECTOR: saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDF (State) REMDVAL (Specify) Near Hurlock, Md. Petersburg Cemetery 17. 1966 Burial Mav EUNERAL DIRECTOR ADDRESS VR A 5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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Surfal May 17, 1968 Pétoraburg Gaustary Muriack Nuklack, Nd.

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May 10, 1915 ... 51

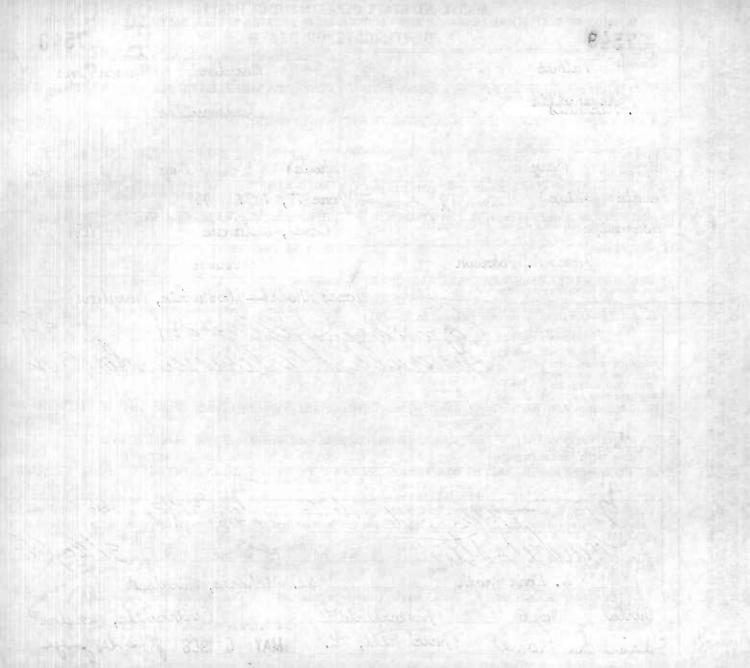
borchester County, Md.

Serab Jolley

Telmona | Torgell L. Pinder | Hurlock, Vd. 2. F. D. P.

-XYUWB ROOM

1 (NA)	DIVISION OF STATISTICAL RESEARCH AND RECOR	,
# E E	07549 CERTIFICA	TE OF DEATH 07540
s after death by the funeral ages 1 and its after death	1. PLACE OF DEATH 7 albox MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission: a. STATE Maryland b. COUNTY een Anne
hours after death 1 in by the funera s. Pages 1 and hours after death	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1. St. Michaels	Grasonville 17-2
24 filled appearance of 172 in	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	e. IS RESIDENCE ON A FARM 3 YES \(\sum \) NO \(\sum \)
i within 2 mpletely file carbon part, within	3. NAME OF First Middle DECEASED (Type or print)	Rhodes 4. DATE Month Day Year OF DEATH May 3 1966
and corremove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	June 17, 1871 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
sician and a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY.
ath certificate be eattending physician rmit. Then please in, or removal, and in,	13. FATHER'S NAME James A. Johnson	14. MOTHER'S MAIDEN NAME Unknown
attend attend ermit. nn, or re		informant Address ames Rhodes-GlenBurnie, Maryland
HYSICIAN: The law requires that the death certificate be executed within he hospital or attending physician. this certificate has been signed by the attending physician and completely letached for use as the burial-transit permit. Then please remove carbon is Dept. of Health prior to burial, cremation, or removal, and many event, with	18. CAUSE OF DEATH [Enter only one cause por line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RISE.	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
The cate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRI 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEATH BUTNOTRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO CURRED. (Enter nature of injury in Part I or Pert II of Item 18.)
E + 0 0	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
OR ATTENDING be retained by IIRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from say the deceased alive on 1900, and the	to 3/77, 1966, that (I) (we) last death occurred at 3/7M, from the causes and on the date stated above
DIRI DIRI DIRI DIRI DIRI DIRI DIRI DIRI	22a, ISIGNATURE 12c. PHYSICIAN'S NAME (Type) R. Lane Wroth	ATTENDING MED. STAFF 22b. DATE SIGNED A.D. PHYS. DIRECTOR PHYS. 3 Maryland St. Michaels, Maryland
TO HOSPITA Page 4 ma TO FUNERAL director, p	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI Burial May 6 (hesterlie)	RY OR CREMATORY 23d. LOCATION (City, town or county) (State) Centreville Manuard 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 8	Edgar L. Lane Church Hill,	Md. DMAY 6 1966 fcharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

# 20 x	-		07550 Item #5 Fill	CERTIFICATE	OF DEATH	mh	U	1541
death.		1.	PLACE OF DEATH a. CDUNTY			E (Where deceased liv		sidence before admission)
after the f ges 1 after	H		TALBOT	MARYLAND	a STATE MARYLAI	VD CI	b. CAROLIN	IE.
			b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY DR TDWN (If	outside corporate il	mits, write RURAL e	and give nearest town)
d in by rs. Pag 2 hours			EASTON		DENT	TON	05	2
			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	Itel, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	90		HOUSE IN THE PINES EAS	TON	ROUTE # 3	3 Box 95		YES NO
completely filled ve carbon paper event, within 72		3.	NAME DF DECEASED (Type or print)	Middle	Last	4. DATE DF DEATH	Month 5	Dey Year 20 19 66
executed w and comple remove carl any event,			SEX 6. COLOR OR RACE 7. MARRIED MALE WHITE WIDOWED		1	SE 9. AGE (I	n years IF UNDER 1 rthday) Months I	YEAR IF UNDER 24 HRS Days Hours Min.
certificate by ex nding physician a Then please re removal, and In a		10a dur	USUAL OCCUPATION (Give kind of work done 10b. KIND		11. BIRTHPLACE (Co	LAND	n country) 12, CIT	TIZEN OF WHAT
a a a	Big.	13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME		3.4
nding p			JONATHAN TO	JWERS	MINE	RNA (CALLA	WAY
atter rmit.		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (If yes give war or dates of service)		INFORMANT DIAN R.	RECAR	Address DE	MOTHS
the it pe			18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), end (c).]				INTERVAL BETWEEN ONSET AND DEATH
t than an.		40	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	usin ce	rehal as	lenorale	ais	2 3/20
C 0 0 7 %			334X DUE TO					
physic physic sign burial burial			Conditions, if any, which (b)					
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NG PHYSIC by the hos fiter this conference be detached		MEDICAL	20c. TIME DF INJURY Month, Day, Year 2Dd. INJU Hour e.m. While et work et work	RY OCCURRED 20e. PLACE factor at work	CE DF INJURY (Home, fa y, street, office bldg., e		town) (Coun	ity) (State)
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OR ATTEND be retained DIRECTOR: A ge 3 should led with the			saw the deceased alive on // Truny		death occurred at	M, from the	causes and on th	e date stated above.
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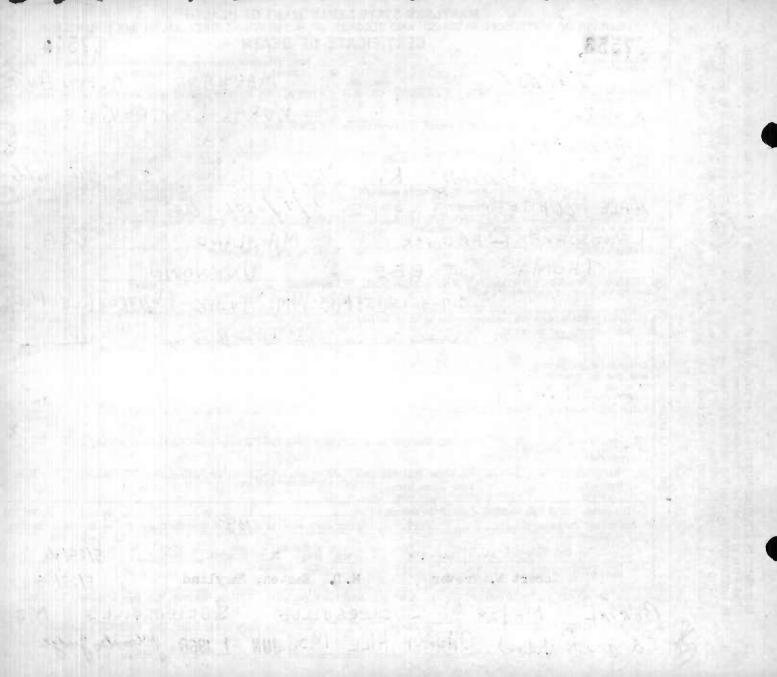
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death. death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the fages 1 ars after MARYLAND ALBO1 b. CITY OR TOWN (if outside corporate limits. TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR write RURAL and give nearest town hours E A510 bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS 24 ON A FARM? NO -YES that the death certificate be executed within completely carbon 3. NAME OF DATE First Middle Last 4. Month Day Year DECEASED OF Ame 0 0 196 (Type or print) DEATH and con emove SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I Hours 8 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR d by the attending physician ransit permit. Then please it cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) HNDUSTRY COUNTRY? BUR METI AL INF FATHER'S NAME EADING 50 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address (Yes, no, or unkown) (If yes give war or dates of service) 03 been signed by the the burial-transit or to burial, cremati CAUSE DF DEATH | Enter only one cause per line (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. 6 llers IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. To FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. for use Health PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work ruce 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10 saw the deceased alive on A.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR Page 4 may b M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Dity. town or county) DATE THEREOF 23c. (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL BIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death. PLACE DF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours write RURAL and give nearest town) Hurlock - Rural = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE DN A FARM? R.F.D. # Box 53A ND X YES etely executed within completely ove carbon NAME OF First Middle 4. DATE Day Last Month DECEASED any event, (Type or print) DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH remove 7. MARRIED 8. AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours and Female Negro WIDOWED | DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician lease during most of working life, even if retired) certificate be INDUSTRY COUNTRY? Hurlock Dress Factory Assistant forelady Dorchester County U.S.A. _ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Charles Parker Catherine Camper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attendit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death 50 (Yes, no, or unkown) (If yes give war or dates of service) Weldon W. Spry, Hurlock, Md.R.F.D. No 220-01-2448 cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the signed by tourial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. 24 Krs. DUE TO buri Conditions, If any, which (b) peen gave rise to Immediate the DUE TO (a), stating underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? The certificate hospital or YES X NO T PHYSICIAN: this cerum detached for 2Da, ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) Should he Hour a.m. While Not While ATTENDING p.m. at work at work DIRECTOR: A age 3 should led with the May 17, 19, 66, to May 18, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19 66 and that death occurred at \$3.7 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED be page May 19, 1966 DIRECTOR M.D. O HOSPITAL FUNERAL PHYSICIAN'S ADDRESS director, p NAME (Type) Robert W. Trever, M.D. Easton. Md. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) May 22, 1966 Petersburg Cemetery Near Hurlock, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M

Maryland Domohester Surfock - Sural 086 X08 -1 - 0.8.5 341 v 2 1921 - 46 Founde: Negro Assistant forelady during Freeze Feetery Corchester County 1.1.4. Charles Fer er set Council animatical 220-01-2245 Selden S. trry, Newlook, Md.R.S.O. AL THE SECOND SE do north will be will be were by gradely May 22, 1966 Paterabure Constary | Bear Muricol, Maryland terms.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Talbox after albox the MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p 21 years aston = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 411 N. Aurora Street 411 N. Aurora Street YES NO Y completely carbon 3. NAME OF Middle Last DATE Month Day Year remove carbo DECEASED DF Sarah Melvina Sullivan 1966 (Type or print) DEATH executed OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Jast birthday) Months | Days | Hours | Min. and WIDOWED remale DIVORCED [YES. physician a 00 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even If retired) INDUSTRY USA USA Housework 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph remova Georgianna Saulsbury William H. Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN -transit requires that the ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a burial-t burial. DUE TO Cenditions. If any, which been gave rise to Immediate the tr DUE TO cause (a), stating the prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? eneral YES [NO IS 0 PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 0 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: and that death occurred at 12 3M, from the causes and on the date stated above. saw the deceased alive on 3 sh with 22a. SICNATURE 22b. DATE SICNED filed MED. DIRECTOR PHYS. pa O HOSPITAL FUNERAL director, p PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Burial (Specify) 2 1966 aston. 24. FUNERAL DIRECTOR REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE NEWNAM & SON. VR A15 (4) 20M 1/65

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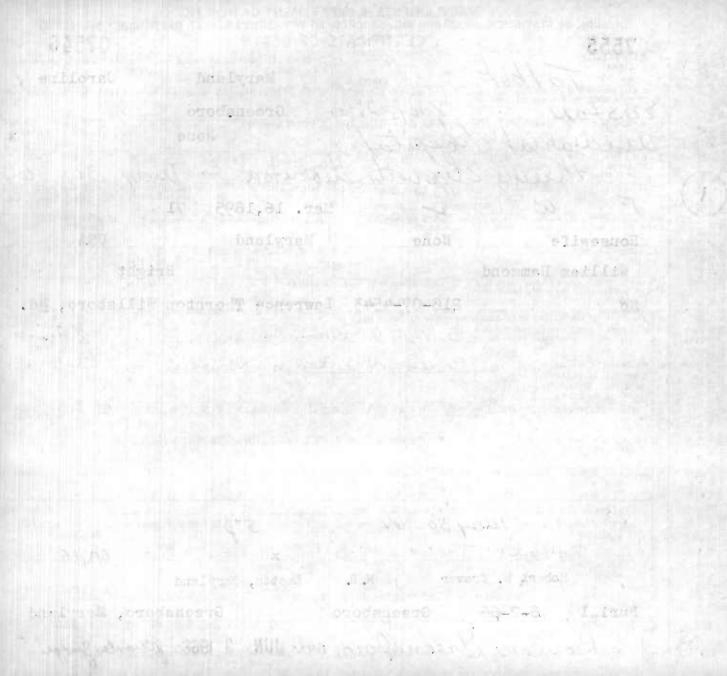
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Talbox albot MARYLAND Department after death. funeral funeral b, CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) uears d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? State hours YES NO T Year 3. NAME OF Middle 4. DATE Month Last DECEASED Mary Lee Troth DEATH (Type or print) 19 within within AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months I Days Hours WIDOWED 3 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during, most of working life, even if retired) INDUSTRY Housework 13. FATHER'S NAME MOTHER'S MAIDEN NAME S (orbett dward File | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Grabbon, Easton, Md. (Yes. no. or unkown) | (If yes give war or dates of service) permit. removal, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8 burial-transit cremation, DUF TO Conditions, if any, which (b) geve rise to immediate DUE TO (a), steting the ceusa (G underlying cause last. used as to burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO T YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. E should 3 shou 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) MEDICAL TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED factory, street, offica bldg., atc.) Hour a.m. While Not While at work et work Inspection inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy plnous FUNERAL DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER for your DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 0 DEPUTY MEDICAL EXAMINER EXAMINER'S director. retained Address (Street, city, town, or county) NAME (Type) LOCATION (City, town or county) (State) 23c. BURIAL, CREMATION, DATE THEREOF 0 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR E. NEUWAM & SON. Easton, Md. VR ALSME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Talbox b. COUNTY MARY! AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 years Ξ nanne filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Mrs. Alex Green NO that the death certificate be executed within mpletely carbon 3. NAME DE Last DECEASED 0F 19 66 (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED WIDOWED C DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician lease and Dorchester Maryland Housework 급 13. FATHER'S NAME William H. Lewis Susan A. Fairbanks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT certificate has been signed by the certificate has been signed by the herial-transit permit. The contract to burial, cremation, or the contract to burial, cremation, or the contract to burial. (Yes. no, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO W 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) detached file Dept. of I TO FUNERAL DIRECTOR: After this director, page 3 should be detacl should be filed with the State Depi MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from March 15, 19 66, to 5-24 1966. that (1) (we) last 19 66, and that death occurred at 10°5 M, from the causes and on the date stated above. saw the deceased alive on March 15 22a. SIGNATURE 22b. DATE SIGNED Robert W 5-25-66 never M.D. DIRECTOR PHYSICIAN'S ADDRESS NAME (Type) Easton Md. R. D. 3 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) Oxford. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b VR A15 (4) 20M 1/65

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